



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH WEST

City of Hospital: Avon

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-0158

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$352978048
Outpatient Patient Service Revenue	\$506038779
Total Gross Patient Service Revenue	\$859016827

2. Deductions From Revenue

Contractual Allowance	\$612015536
Other Deductions	\$8561510
Total Deductions	\$620577046

3. Total Operating Revenue

Net Patient Service Revenue	\$238439781
Other Operating Revenue	\$2956933
Total Operating Revenue	\$241396714

4. Operating Expenses

Salaries and Wages	\$49994730	Employee Benefits	\$12000519
Depreciation and Amortization	\$7869586	Interest Expense	\$5539546
Bad Debt	\$19200087	Other Expenses	\$95040187
Total Operating Expenses	\$189644655		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$51752059	Total Assets	\$512498847
Net Non-operating Gains over Loss	\$6689781	Total Liabilities	\$512498847

Total Net Gains	\$58441840
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$399024833	\$337944510	\$61080323
Medicaid	\$113460662	\$94209736	\$19250926
Other Government	\$9329443	\$8150320	\$1179123
Other State	\$0	\$0	\$0
Other Payers	\$337201890	\$199472567	\$137729323
Total	\$859016828	\$639777133	\$219239695

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$133887	\$-133887

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$234043	\$-234043
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$20434099
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3749657	
HCI Payments	\$0		
Subtotal	\$0	\$3749657	\$-3749657
Medicaid Shortfalls	\$18890058	\$31683936	
Subtotal	\$18890058	\$35433593	\$-16543535
DSH Payments	\$0		
Subtotal	\$18890058	\$35433593	\$-16543535
Medicare Shortfalls	\$39499942	\$42601997	
Other Government Programs	\$0	\$0	
Total	\$58390000	\$78035590	\$-19645590

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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